



STATE OF MARYLAND

DMMH

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January 22, 2010

Public Health & Emergency Preparedness Bulletin: # 2010:02 Reporting for the week ending 01/16/10 (MMWR Week #02)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

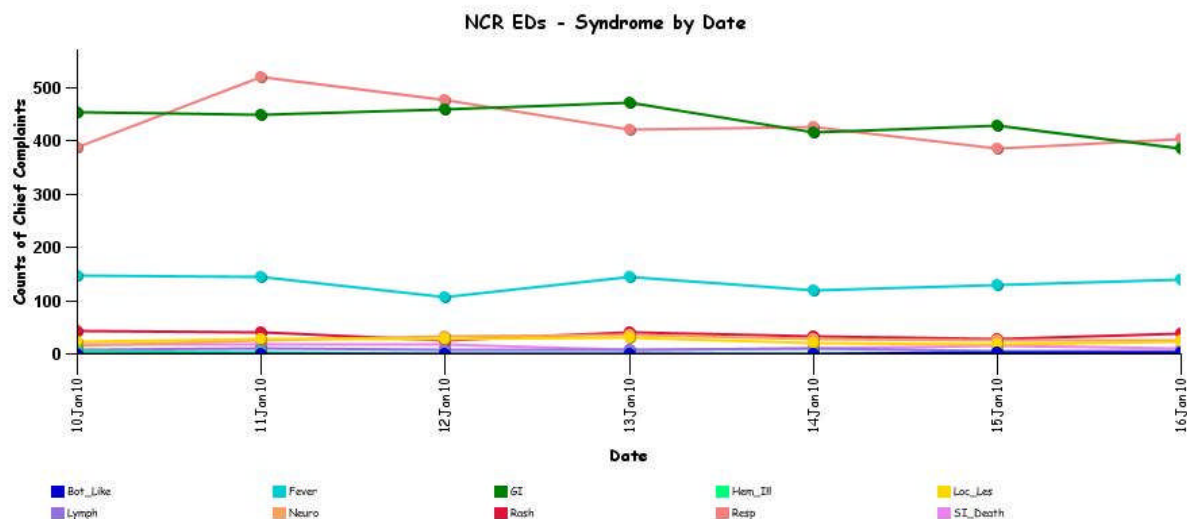
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled.

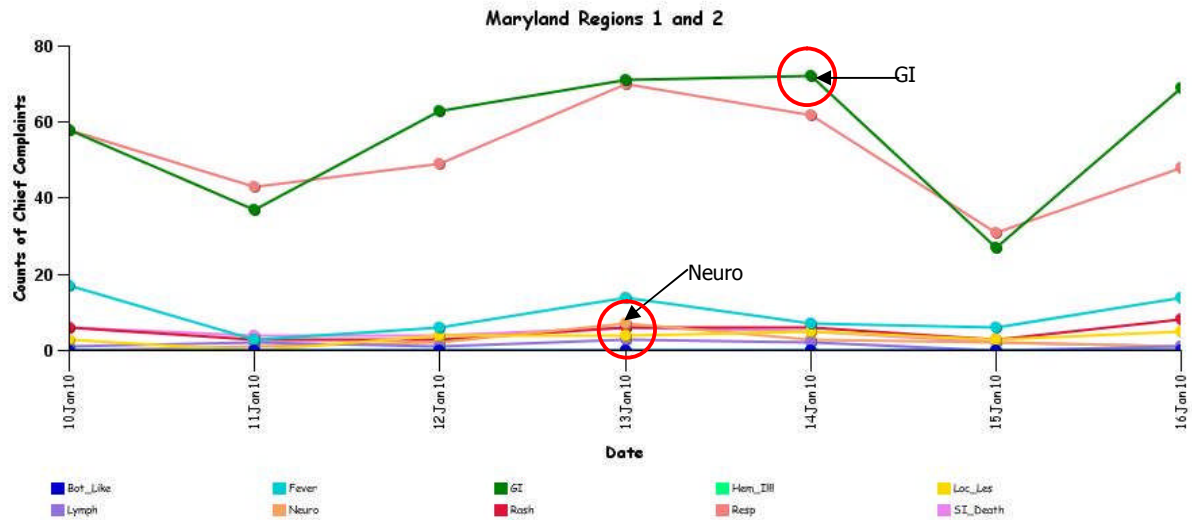
Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

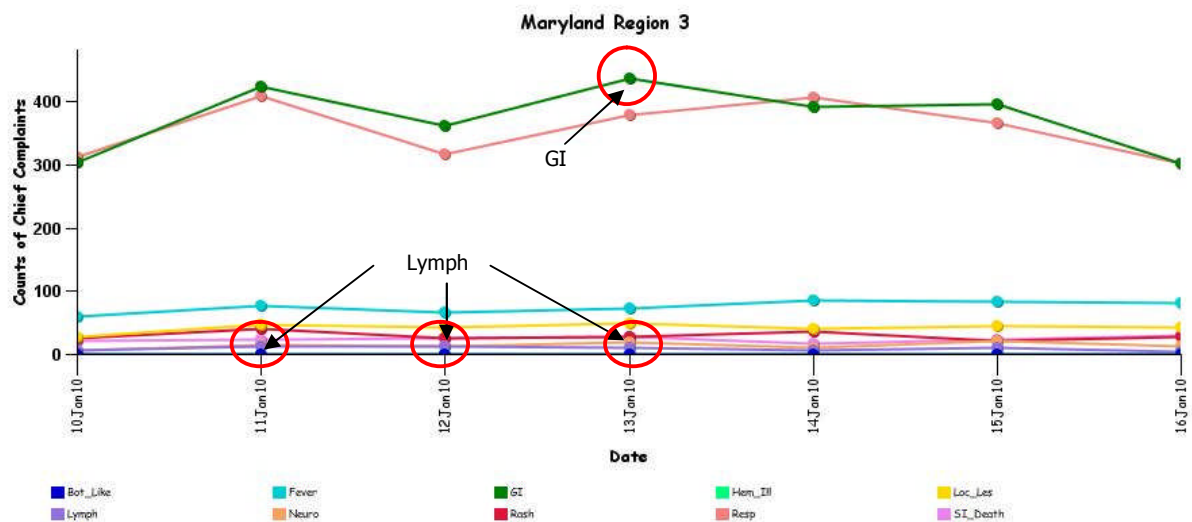


* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

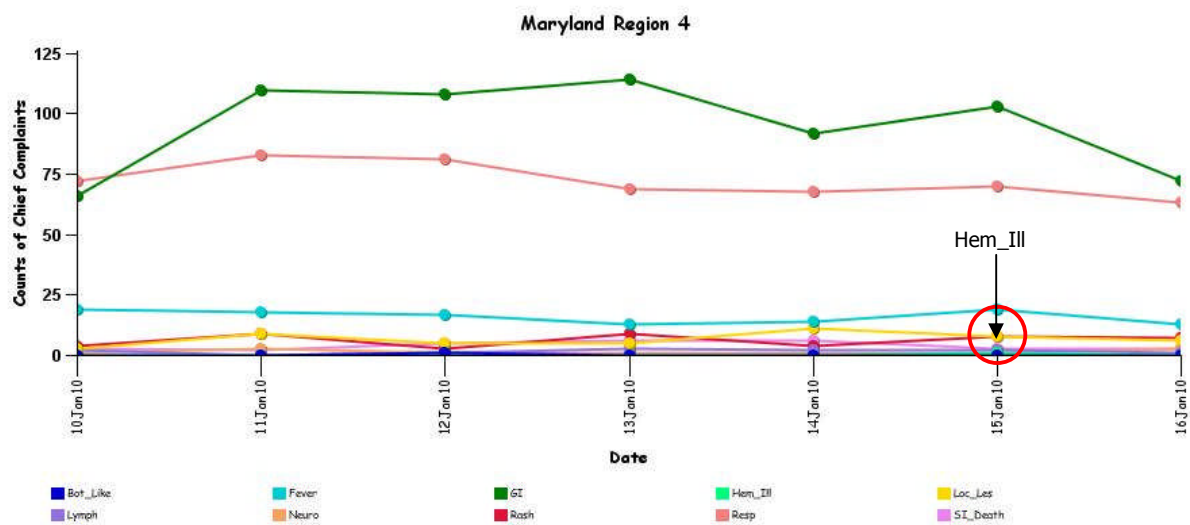
MARYLAND ESSENCE:



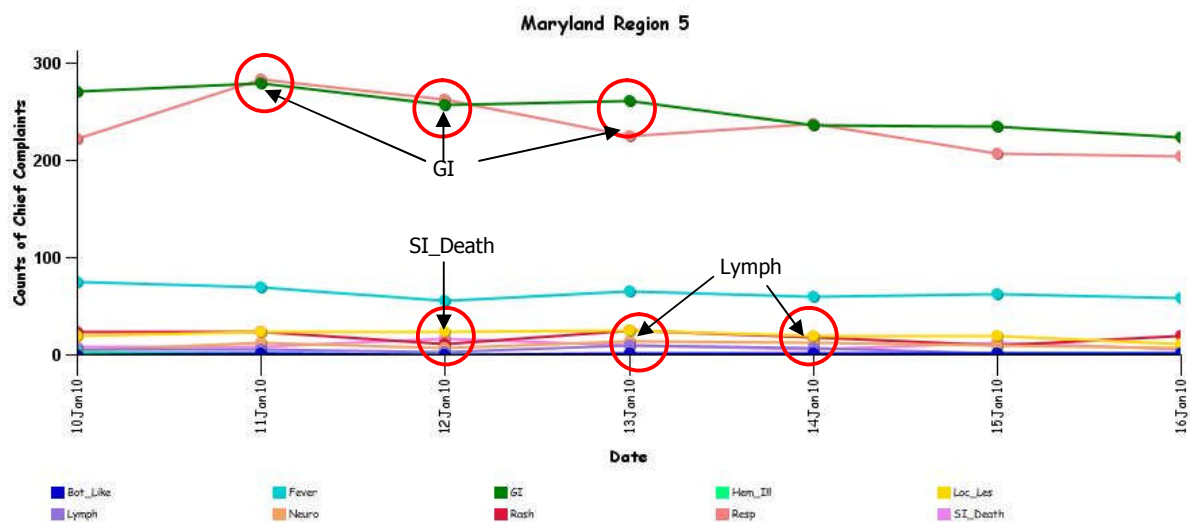
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



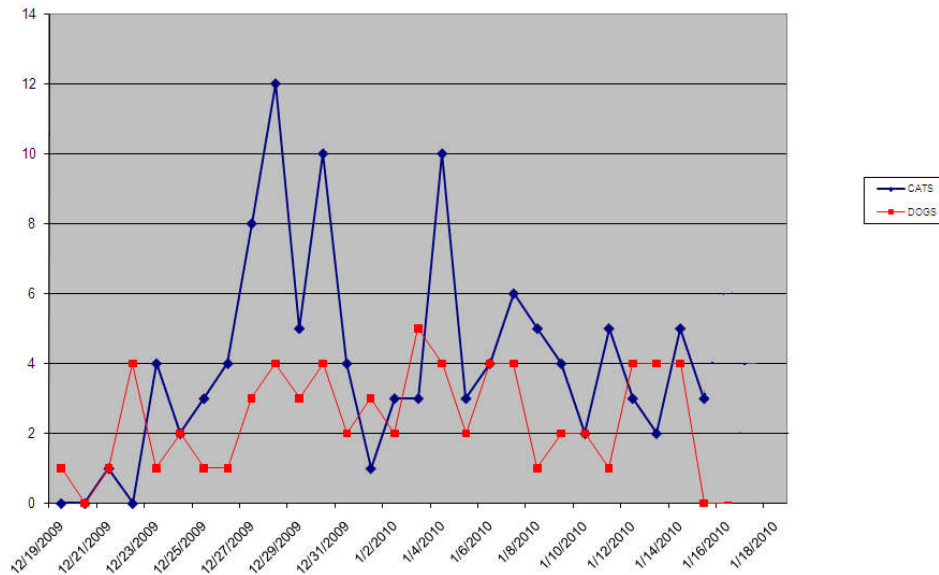
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

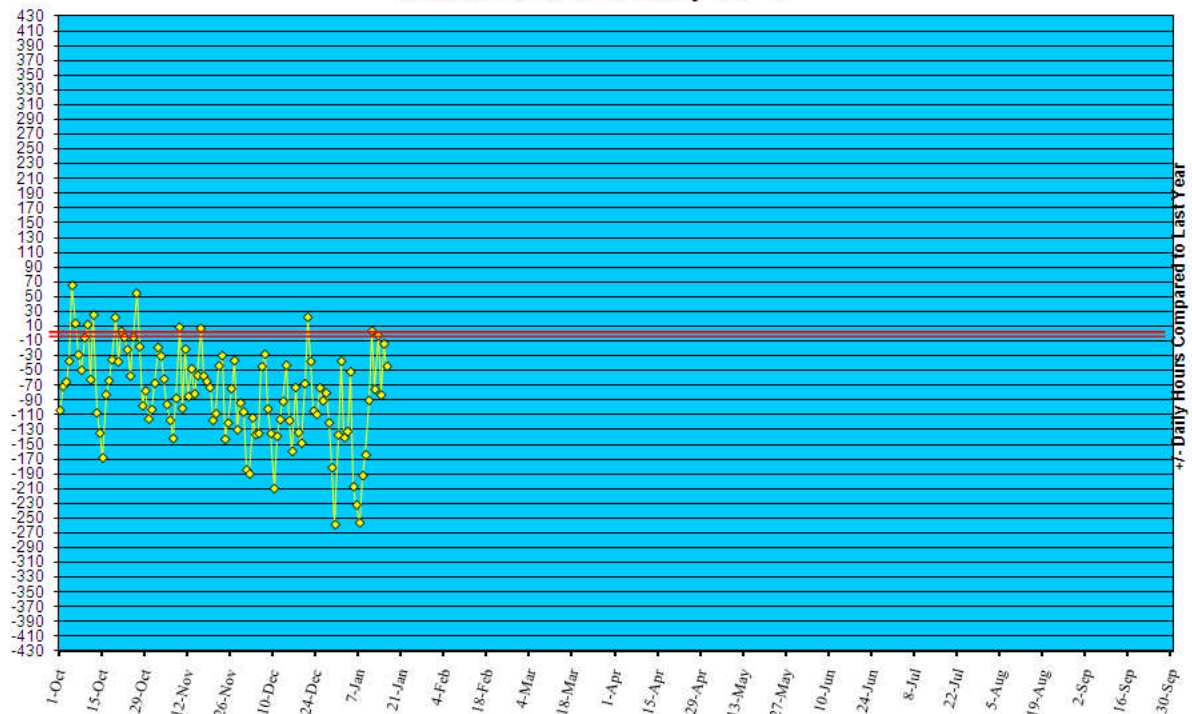
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/09.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '09 to January 16, '10**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2009 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 10- Jan 16, 2010):	17	0
Prior week (Jan 03- Jan 09, 2010):	22	0
Week#02, 2009 (Jan 11- Jan 17, 2009):	12	0

OUTBREAKS: 6 outbreaks were reported to DHMH during MMWR Week 02 (January 10 - January 16, 2010):

4 Gastroenteritis outbreaks

2 outbreaks of GASTROENTERITIS in Nursing Homes
1 outbreak of GASTROENTERITIS in an Assisted Living
1 outbreak of GASTROENTERITIS in a Hospital

1 Foodborne Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

1 Rash illness outbreak

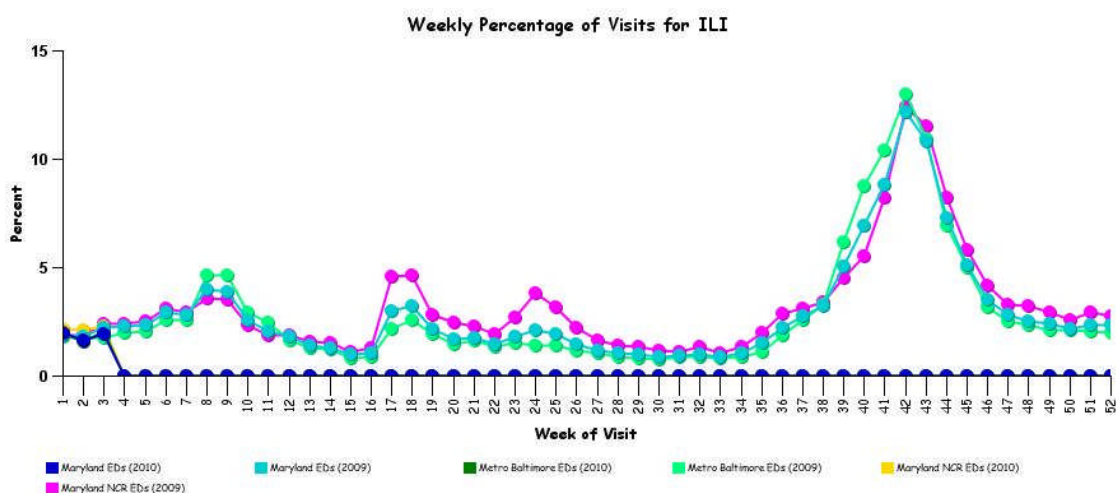
1 outbreak of SCABIES in a Nursing Home

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 02 is SPORADIC.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the



week.

Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

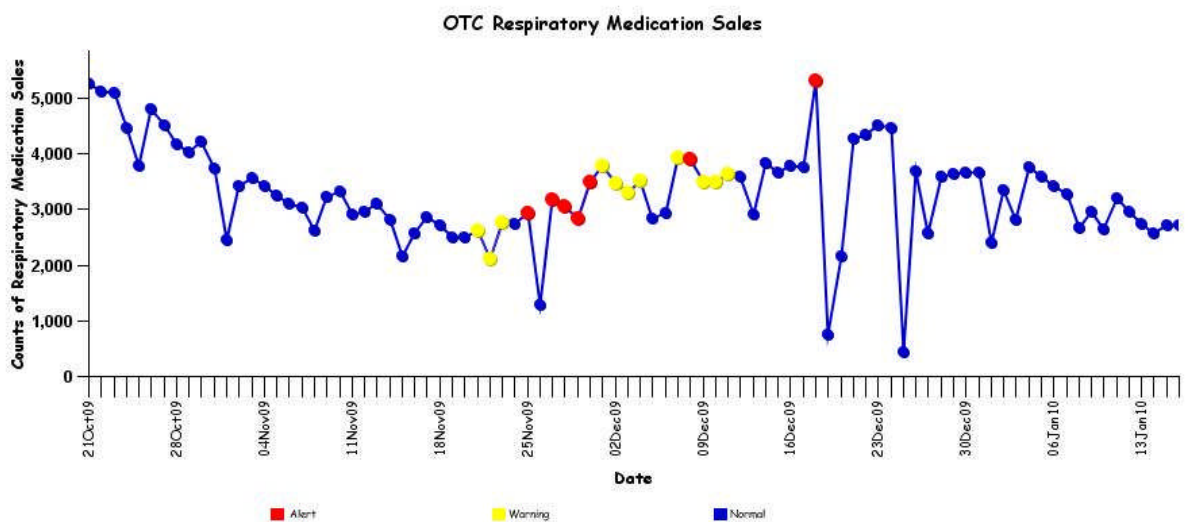
*



*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:
[http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex\(Vers7.2\).pdf](http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Vers7.2).pdf)

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of December 30, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 467, of which 282 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA, HUMAN (INDONESIA): 12 Jan 2010, A medical team at RSUD Arifin Achmad public hospital in Pekanbaru, Riau, has succeeded in saving the life of a 4-year-old child from bird flu [avian influenza (H5N1) virus infection]. Now the hospital is currently struggling to save another H5N1 suspect, a 17-year-old boy, from the life-threatening condition. Team coordinator Azizman Saad said that the child was declared bird flu positive based on the results of laboratory tests by the Health Ministry's Research and Development Agency last week. "But the patient had already been cured from the disease even before we received the laboratory test result," Azizman told The Jakarta Post, on Sunday [10 Jan 2010]. Azizman said the child had recovered and was now in a normal condition having been declared clinically healthy since her body temperature as well as other key indicators including blood count and white cell count were now back to normal. "She can communicate normally, too," he said. Previously, according to Azizman, the only daughter of an oil palm farmer and his wife of Sungai Lalak subdistrict, Sungai Lalak district, Indragiri Hulu regency, had suffered from a high fever of up to 40 deg Celsius [104 deg F] and had experienced significant respiratory problems. She had to be isolated as the flu-like symptoms occurred after she had physical contact with a dead chicken in her back yard. "The team of doctors actually had allowed her to go home. But, as she has [since then] been declared bird flu positive, this was cancelled," Azizman said. He added that the patient, however, had been moved from the isolation room to the ordinary ward just for observation purposes. She no longer needed help from a respiratory device and has been allowed to have porridge and warm tea. With the child's recovery, Azizman said, there were so far a total of 3 patients that were probably saved from bird flu since the disease reached the province in 2005. Of the 2 previous cases of recovery from bird flu, one was from Siak and the other was from Pekanbaru. 6 other bird flu positive patients had unfortunately died during the same period. "The 3 [who were saved] were cured because of quick and correct treatment" he said. Meanwhile, he said, the 17-year-old youth's condition was getting worse. He is currently being treated in an isolation room. The student of a high school in Painan, West Sumatra, was declared a bird flu suspect because he has a fever with a temperature of up to 37.5 deg Celsius [99.5 deg F] and respiratory problems. He is taking 60 breaths a minute, while a healthy person normally takes between 16 and 20 breaths per minute. His blood count and white cell count levels are very low, 8000 and 5000 while the normal levels are 100 000 and 10 000 respectively. "A family member said he lost consciousness on Friday [8 Jan 2010] after experiencing high fever, respiratory difficulties and diarrhea," he said. He added that the youth was referred to the RSUD Arifin Achmad public hospital the following day after being treated previously at a private hospital in Pekanbaru. "He is still in a coma and survives only with the help of a ventilator. We regret that the patient was only brought here when his condition was already so critical," Azizman said. Azizman also said that the provincial Health Agency has sent the samples of the patient's blood and phlegm for a laboratory test to the Health Ministry's Research and Development Agency in Jakarta and was now awaiting the results. "We have not yet any knowledge of a history of contact with poultry as he normally stays in West Sumatra and is only in Pekanbaru for the school holidays. "His family reported that there were no poultry in their neighborhood," he added.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA PANDEMIC (H1N1, CHINA, TRAVEL ALERT): 15 Jan 2010, China's Health Ministry has urged vulnerable groups to get swine flu [influenza pandemic (H1N1) 2009 virus] vaccinations or limit travel during the upcoming Chinese Lunar New Year holiday due to the spread of the pandemic A (H1N1) virus. "Pregnant women, children, the elderly, obese people, and those with chronic diseases should avoid public travel during the peak period of Spring Festival travel," the Ministry said in a statement posted on its website late Wednesday [13 Jan 2010]. Such vulnerable groups should also get swine flu vaccinations and steer clear of crowded public places and people showing obvious flu symptoms, it said. The Ministry also urged for prevention measures to be stepped up, including wearing face masks, frequently washing hands and getting early medical checkups for coughs and other flu symptoms, it said. Tens of millions of people are expected to pack into trains, planes, and buses during the upcoming Lunar New Year travel period when Chinese return to their hometowns and villages for annual family reunions. This year's travel period extends from 30 Jan 2010 to 10 Mar 2010. Lunar New Year's Day, or the start of the traditional Spring Festival, falls on 14 Feb 2010. Last week [week of 14 Jan 2010], the Ministry announced it had recorded 659 swine flu deaths in China in 2009, nearly all of them in the last 2 months of the year, and warned that the danger of mass outbreaks still existed in certain areas. The total number of pandemic A (H1N1) infections recorded in 2009 stood at 120 940, it said. At the end of October [2009], the reported death toll

stood at just 6. The number of recorded deaths then spiked, reaching about 180 at the start of December [2009] and 659 by the end of the month. On Wednesday [13 Jan 2010], the Ministry said it had recorded 2173 new cases of the swine flu and 51 deaths due to the disease from 4 Jan to 10 Jan 2010.

INFLUENZA PANDEMIC (H1N1, USA, NATIVE AMERICANS): 14 Jan 2010, Influenza pandemic (H1N1) 2009 virus infection kills Native Americans and Alaskan Natives at 4 times the rate of the rest of the population, making immunizations critical for native people, say national health experts. "The virus has hit Indian Country especially hard," said Kathleen Sebelius, United States Health and Human Services (HHS) Secretary. Sebelius joined Dr. Yvette Roubideaux, director of Indian Health Services, and Dr. Ralph Bryan of the Centers for Disease Control and Prevention (CDC), in a teleconference Tuesday [12 Jan 2010] to introduce HHS's new public service announcements. The announcements, starring Cherokee [Native American] actor Wes Studi, focus on promoting [pandemic] H1N1 immunization in native populations. Sebelius said more Native Americans die from [pandemic] H1N1 complications because the population has a higher rate of underlying health issues, such as asthma, diabetes and heart disease. The health issues combined with an inability to access health care in remote reservation communities puts Native Americans at greater risk. But it's a risk that can be lessened with [pandemic] H1N1 immunizations, Sebelius said. "It's an essential lifesaving message," she said. "Get vaccinated now." Nationwide, 136 million doses of the H1N1 vaccine have been shipped throughout the country. In the initial stages of immunizations, vaccines were distributed only to high risk groups such as young children and pregnant women. All Americans are now eligible for the free vaccine. More than 60 million people have been vaccinated so far. H1N1 immunizations are available at all IHS [Indian Health Services] facilities, as well as at public clinics in most states, Roubideaux said. With a 3rd wave of the virus expected, the Indian Health Services, HHS and CDC are warning Native people not to become complacent in light of the current lull in flu cases. There have been 23 influenza-related deaths in South Dakota with 6 in Pennington County, 2 in Shannon and Todd counties and one in Buffalo County. The state Department of Health calls the current state of flu activity "sporadic," but that could easily change, Roubideaux said. "We're concerned that there may be a 3rd wave of [pandemic] H1N1 cases coming up," Roubideaux said. "I know that getting the vaccine can be something that people easily put off ... The flu is an unpredictable disease. We don't know when the 3rd wave will hit. What we do know is that it's extremely dangerous."

INFLUENZA PANDEMIC (H1N1- VACCINE UPDATE): 12 Jan 2010, The United States said on Monday [11 Jan 2010] it had cut in half its order for influenza pandemic (H1N1) 2009 virus vaccine from Australia's CSL Ltd, but said it is not certain how far orders from other suppliers will be trimmed. While U.S. officials are still calculating how much swine flu vaccine they will need, it is becoming increasingly clear that the United States will not need all 251 million doses it ordered from 5 companies. CSL Ltd said the U.S. government was halving its order for [pandemic] H1N1 vaccines, partly because the company had diverted some of its early output to the Australian government and would not be able to deliver its full USD 180 million U.S. contract. Several other governments have started to cut orders for [pandemic] H1N1 vaccines because the pandemic has not turned out to be as deadly as originally feared and most people need only one dose, not 2, to be fully protected. Original orders for flu vaccine were placed in May, June and July [2009], when it was not known what dose would be needed and it was not clear how severe the pandemic would be. Different manufacturers have different contracts with governments. Some contain break clauses allowing customers to reduce the size of orders. Germany's Bild newspaper reported that the German government had agreed to cut its vaccine order with laxoSmithKline Plc by one-third. The newspaper said the agreement would save states about 133 million euros (USD 193 million). On Friday [8 Jan 2010], Britain said it was in talks with Glaxo about reducing supplies. Sanofi-Aventis, the largest supplier of flu vaccine to the U.S. market, said it was meeting all its U.S. Contracts for sales of swine flu vaccine. Bill Hall, a spokesman for the U.S. Health and Human Services Department, said U.S. officials were talking with companies about how much to cut orders. "All the contracts that were put in place were designed to be flexible," Hall said in a telephone interview. "There is a balancing act to ensuring we have enough vaccine for the population to meet the demand." The United States has received 136 million doses of [pandemic] H1N1 vaccine from its 5 suppliers -- CSL, Glaxo, Sanofi, AstraZeneca unit MedImmune and Novartis, and the U.S. Centers for Disease Control and Prevention says more than 60 million people have been vaccinated. While the pandemic is slowing down in North America, the World Health Organization said on Monday [11 Jan 2010] the virus was still active in parts of central, eastern and southeastern Europe, North Africa and South Asia. Governments are torn between trying to encourage companies to make influenza vaccine and wasting money on doses that are never given. But bulk antigen -- the vaccine before it is put into a syringe -- can be stored and might be used in next year's seasonal vaccine. The U.S. government was still promoting vaccination, reminding people that influenza is unpredictable and that [pandemic] H1N1 could come back in a 3rd wave. One potentially large market for the vaccine is children. Children under 10 need 2 doses of vaccine to be fully protected and some U.S. school districts were planning more vaccination clinics this week to get children a 2nd dose. Retailers such as Wal-Mart, drug stores and supermarkets were also offering [pandemic] H1N1 vaccine clinics.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmv.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

ANTHRAX, HUMAN (NEW HAMPSHIRE): 16 Jan 2010, A total of 4 additional samples containing low-levels of anthrax were found inside the building where a Strafford County woman was exposed to it last month [December 2009]. State Public Health

Director Dr. Jose Montero said a total of 73 samples were collected last week and only 4 tested positive for a low-level of anthrax. All came from common areas of the building's 1st floor, he said. The samples were taken [on 7 Jan 2010] by the Environmental Protection Agency during a round of testing at Waysmeet Center last week, the Mill Road facility that houses the United Campus Ministry for UNH. In addition to the 4 samples, there are 10 samples that were inconclusive and are being sent to the Centers for Disease Control and Prevention (CDC) for more specialized testing. Montero said the fact some of the samples are inconclusive might indicate the level of contamination is so low it's hard to detect. The recent samples are in addition to 3 previous samples that tested positive, one from an electrical outlet and 2 from separate drums stored in the basement of the building. Montero said officials would await the results of the additional testing, which could come next week, before preparing a final report and lifting the quarantine of the campus ministry building. Montero stressed the building hasn't been condemned but will require some cleaning before it can be reopened. This cleaning could include soaking the building's surfaces with bleach, but Montero said officials would need to evaluate the situation before deciding what cleaning procedure will be used. Montero said the Strafford County woman suffering from gastrointestinal anthrax is out of intensive care and is in stable condition at a Boston hospital. It's still unknown why anthrax spores affected this particular victim. "There's no way we're going to be able to answer that question, at least not yet," he said. Montero said he hopes to get an answer some day and noted health officials haven't been able to interview the woman yet. The recent round of testing is reassuring to health officials because it continues to support their belief that the risk of exposure and additional cases is extremely unlikely, according to Montero. He said the results also reaffirm health officials' hypothesis that the patient became infected at a drumming circle event in the building on 4 Dec 2009. It's estimated more than half of the approximately 60 people who attended the drum circle have decided to take antibiotics or get vaccinated against the disease, an option made available by the state. The African drums have been the focus of the state's investigation because of similar cases involving animal hides used to make the drums. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, WOUND, DRUG-RELATED (WASHINGTON STATE): 13 Jan 2009, Health officials said Friday [8 Jan 2010] there is a confirmed case of wound botulism in a heroin user in Yakima County. A 2nd case is suspected. Both individuals, a man and a woman, are hospitalized and on ventilators. The individuals became ill in December 2009, said Marianne Patnode, communicable disease services coordinator for the Yakima Health District. An educational outreach campaign has been underway to warn intravenous drug users that they are at risk from a contaminated supply of heroin. Patnode said Yakima sees sporadic cases of botulism among intravenous drug users who cut their heroin with a substance, often dirt or honey that contains the spores of *Clostridium botulinum*. While the 1st case was confirmed the 3rd week of December 2009, the 2nd person's illness was too far along to be diagnosed. That is, the patient didn't have enough free toxins to be tested, but Patnode said clinically, physicians know the individual was poisoned with botulism. Symptoms include blurred vision and difficulty breathing. The illness can progress to paralysis. Individuals have to be ventilated for several weeks and then weaned from the ventilators. Yakima County's last significant outbreak of wound botulism was in 2003, when there were 5 cases. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX, FATAL, HEROIN USER, (GERMANY): 14 Jan 2010, A fatal case of anthrax occurred in an injecting drug user in Germany, in December 2009. A potential link to similar cases in Scotland in the same time period is currently under investigation. The Robert Koch Institute, in collaboration with the Friedrich Loeffler Institute in Jena, the Federal Research Institute for Animal Health, and the respective local and regional health authorities in the Aachen district, North-Rhine-Westphalia, Germany, are currently investigating a fatal case of anthrax in a 42-year-old male injecting drug user. The individual was hospitalised on 6 Dec 2009, complaining of a swelling of his leg following drug injection into the popliteal fossa -- reportedly attempting to inject into a vein. He probably injected heroin, however, details are unknown. Following treatment with meropenem and surgical debridement of a subsequent necrotising fasciitis, the patient died with multiorgan failure on 13 Dec 2009. Anthrax had not been suspected clinically. Spore-forming bacteria from a wound swab specimen were identified, and on 18 Dec [2009], the diagnosis of anthrax was confirmed by PCR. The last case of human anthrax in Germany had been reported in 1994, at that time affecting a 66-year-old man. At this point in time, it is not clear whether there is a link between this case and the anthrax outbreak among injecting drug users in Scotland. As far as we know, the deceased had no travel history to Scotland. However, it can be assumed that other drug users in the same area in Germany, or perhaps elsewhere in the country, have been exposed. In case the hypothesis of a potential link to the Scottish cases proves true, it might well be that also other countries have been supplied with contaminated injectable drugs. We launched an epidemiological investigation and exchanged information with the colleagues in the United Kingdom and, in particular, Scotland to coordinate the approach. So far, the following measures have been taken: we have distributed information to public health colleagues, medical care facilities, and low-threshold facilities in Germany to raise awareness of the event; we are collecting information on the case and his contacts, and on the substances consumed; we attempt further case finding- we aim at a microbiological comparison of isolates to establish a potential epidemiological link with the Scottish cases. The success of the epidemiological investigation will rely on public health authorities' efforts, alertness amongst clinicians and medical microbiologists, but also on the degree to which drug users themselves can be reached. Therefore, it is of utmost importance to utilise existing communication channels to inform those who might be at risk. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, LIVESTOCK (ZIMBABWE): 13 Jan 2010 Zimbabwe's Agriculture Ministry on Tuesday [12 Jan 2010] reported a fresh outbreak of anthrax in some parts of the country. Veterinary Services director Stewart Hargreaves told ZimOnline that his department has recorded fresh reports of an outbreak [sic] of the deadly livestock disease. "There has been an outbreak over the past 2 weeks. The outbreak has been recorded in Chegutu, Karoi, Kadoma and Chinhoyi," said Hargreaves. "The situation is under

control; there is no need to panic because anthrax is a common disease. It's in the soil." While Zimbabwe experiences periodic outbreaks of anthrax, especially during the rainy season, veterinary experts say the high incidence of outbreaks in recent years is partly fuelled by lawlessness and chaos in the farming sector where hardline supporters of President Robert Mugabe have continued invading farms. "The disease is made worse by the constant movement of livestock on farms because of continuing invasions," the Commercial Farmers Union said in a statement last week. The union represents the country's few remaining white commercial farmers. The anthrax outbreak comes at a time Zimbabwe's government is battling to rebuild the national herd that was severely depleted by droughts and a chaotic land reform exercise that began a decade ago. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX (UNITED KINGDOM: SCOTLAND) 11 Jan 2010, A 7th person with anthrax has died as infection among heroin users continues to spread around the country, health officials have confirmed. The latest person to die was from the NHS Tayside area, where one other person with anthrax has died. Another case has been confirmed in the NHS Fife area, bringing the total number of infected people to 14, Health Protection Scotland said. The outbreak, thought to be due to contaminated heroin, began in Glasgow. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.maryland.gov/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

Interim Results: Influenza A (H1N1) 2009 Monovalent Vaccination Coverage — United States, October–December 2009, MMWR, Early Release / Vol. 59 January 15, 2010. In July 2009, the Advisory Committee on Immunization Practices (ACIP) issued recommendations for use of the influenza A (H1N1) 2009 monovalent vaccine. Recognizing that the vaccine supply would not be ample immediately but would grow over time, ACIP identified 1) initial target groups, consisting of approximately 160 million persons, and 2) a limited vaccine subset of the target groups, initially estimated at 42 million persons (and more recently estimated at 62 million persons), to receive first priority while the 2009 H1N1 vaccine supply was limited. ACIP recommended expanding vaccination to the rest of the population as vaccine supplies increased. To estimate 2009 H1N1 vaccination coverage to date for the 2009--10 influenza season, CDC analyzed results from the National 2009 H1N1 Flu Survey (NHFS) and the Behavioral Risk Factor Surveillance System (BRFSS) survey, conducted during December 27, 2009--January 2, 2010, and December 1--27, 2009, respectively. The results indicated that, as of January 2, an estimated 20.3% of the U.S. population (61 million persons) had been vaccinated, including 27.9% of persons in the initial target groups and 37.5% of those in the limited vaccine subset. An estimated 29.4% of U.S. children aged 6 months--18 years had been vaccinated. Now that an ample supply of 2009 H1N1 vaccine is available, efforts should continue to increase vaccination coverage among persons in the initial target groups and to offer vaccination to the rest of the U.S. population, including those aged ≥65 years.
<http://www.cdc.gov/mmWR/preview/mmwrhtml/mm59e0115a1.htm>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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